

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	C. H. H. G.		12-03-01
O.I.P.E. CLASSIFIER		1/3	12/10/01
FORMALITY REVIEW	Jm	927	02/12/02
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted

N ..... Not Selected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

BEST AVAILABLE COPY

Claim	Date
Final	
Original	
1	12/3/03
2	12/3/03
3	12/3/03
4	12/3/03
5	12/3/03
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50	12/3/03

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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2/12/02  
 11/15/01